



PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
		Application Number	10/812,646-Conf. #3701
		Filing Date	March 30, 2004
		First Named Inventor	Choong-Chin Liew
		Examiner Name	J. C. Switzer
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1634
TOTAL AMOUNT OF PAYMENT		(\$)	930.00
		Attorney Docket No.	2055F(204231)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

_____ - 20 = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

_____ - 3 = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2253 Extension for response within third month 525.00

2801 Request for continued examination (RCE) (see 37 ... 405.00

SUBMITTED BY

Signature	<i>Amy DeCloux 54849 for</i>	Registration No. (Attorney/Agent)	34,380	Telephone	(617) 239-0451
Name (Print/Type)	Kathleen Williams	Date	July 7, 2008		



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2008 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known			
		Application Number	10/812,646-Conf. #3701		
		Filing Date	March 30, 2004		
		First Named Inventor	Choong-Chin Liew		
		Examiner Name	J. C. Switzer		
TOTAL AMOUNT OF PAYMENT		(\$)	930.00	Attorney Docket No.	2055F(204231)

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-1105
Deposit Account Name: Edwards Angell Palmer & Dodge LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
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Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
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Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
	- 20 =	x	=	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
	- 3 =	x	=				
HP = highest number of independent claims paid for, if greater than 3.							
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50 =	(round up to a whole number) x	=			
4. OTHER FEE(S)							
						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2253 Extension for response within third month						525.00	
2801 Request for continued examination (RCE) (see 37 ...						405.00	

SUBMITTED BY			
Signature	<i>Amy De Cloux 54849 for</i>	Registration No. (Attorney/Agent)	34,380
Name (Print/Type)	Kathleen Williams	Telephone	(617) 239-0451
		Date	July 7, 2008



Application No. (if known): 10/812,646

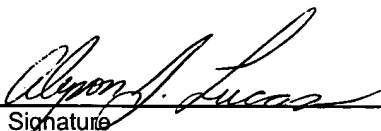
Attorney Docket No.: 2055F(204231)

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Alyson J. Lucas

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 951-0735
Telephone Number

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Request for Continued Examination Transmittal (1 page)
Fee Transmittal (1 page) x2
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Statement of Substance of Examiner Interview
Amendment (17 pages)
Charge \$930.00 to deposit account 04-1105
Postcard



Atty. Docket No.: 204231/2055F PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Liew C.C.
Serial No.: 10/812,646
Filed: March 30, 2004
Entitled: Method for the Detection of
Schizophrenia Related Gene
Transcripts in Blood and Uses Thereof

Examiner: Switzer, J

Group Art Unit: 1634

Conf. No.: 3701

CERTIFICATE OF MAILING UNDER 37 CFR 1.10

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Alyson J. Lucas

Name of Person Mailing



Signature of Person Mailing Paper

Mail Stop: RCE
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P.O. Box 1450
Alexandria, VA 22313-1450

STATEMENT OF SUBSTANCE OF EXAMINER INTERVIEW

Sir:

This is filed in response to the Interview Summary mailed January 4, 2008. Applicant thanks Examiner Juliet Switzer for the courtesy of a productive telephone interview on December 5, 2007, with Amy DeCloux.

The Examiner presented her general views of the amendments filed October 17, 2007. Specifically, the Examiner discussed how the recitation of particular phrases may raise potential 112 first paragraph rejections. Potential art rejections were not raised because a search for prior art on the newly amended claims had not been completed as of the interview date.

Attorney Docket No.: 204231/2055F

Serial No.: 10/812,646

Page 2

The Commissioner for Patents is hereby authorized to charge all fees in the total amount to Deposit Account 04-1105, Reference No. 204231/2055F.

Respectfully submitted,

Date: July 7, 2008

ang DeCloux 54849 for

Name: Kathleen Williams

Registration No.: 34, 380

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